

**Affidavit to Accompany**  
**Motion for Leave to Appeal in Forma Pauperis**

FILED  
 IN CLERKS OFFICE

2006 JUL -3 P 2:47

District Court No. 05-Cr-10018-RCL  
 Appeal No. 06-1550

U.S. DISTRICT COURT  
 DISTRICT OF MASS.

United States, Appellee  
 v.  
 Robert Arnold, Appellant

**Affidavit in Support of Motion**

**Instructions**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Robert D. Arnold

Date: 6-22-06

**My issues on appeal are:**

Trial Court and Probation officer ignored numerous mitigating factors involving defendant's diminished capacity during plea and sentencing.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Self-employment	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>7.00</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Alimony	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Child support	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>
<b>Total Monthly income:</b>	\$ <u><del>7.00</del> 0</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
FBOP - Prison Account	(Commissary)	\$ 355	\$ N/A
		\$	\$ N/A
		\$	\$ N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
N/A		N/A		Make & year: N/A	
				Model:	
				Registration#:	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: N/A		N/A		N/A	
Model:					
Registration#:					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	N/A	N/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>N/A</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>0</u>
Food	\$ <u>N/A</u>	\$ <u>0</u>
Clothing	\$ <u>N/A</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>N/A</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>0</u>
Life	\$ <u>N/A</u>	\$ <u>0</u>
Health	\$ <u>N/A</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>0</u>
Other: _____	\$ <u>N/A</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>N/A</u>	\$ <u>0</u>
Installment payments	\$ <u>N/A</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>0</u>
Credit card (name): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</u>
Department store (name): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>0</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>N/A</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☐ No

If yes, describe on an attached sheet.

N/A

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been incarcerated for approximately 20 months, and have no income or any other assets of value. The only money I have had was provided by my family for me to obtain the initial necessities for my incarceration, such as clothing, shoes, cosmetics etc. I am not expecting any more money for this year.



## UNITED STATES DISTRICT COURT

United States  
Plaintiff/Petitioner,

v.

Robert Arnold  
Defendant/Respondent.

FILED  
IN CLERKS OFFICE  
AFFIDAVIT IN SUPPORT OF  
REQUEST TO PROCEED  
IN FORMA PAUPERIS; AUTHORIZED  
WITHDRAWAL FORM; CERTIFIED  
AFFIDAVIT OF INMATE ACCOUNT  
STATUS.

**AFFIDAVIT AND AUTHORIZATION  
FOR WITHDRAWAL FROM INMATE ACCOUNT**

I, Robert Arnold, being first duly sworn or under penalty of perjury, affirm and say that I am the plaintiff/petitioner in the above-styled action; that in support of my motion to proceed without prepayment of fees or costs or give security therefor pursuant to Title 28 U.S.C. § 1915 (a)(1), I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor.

I further swear or affirm that the responses which I have made to the questions below are true.

1. Are you presently employed? Yes ( ) No (☒)
  - a. If employed, state the amount of your salary or wages per month and give the address of your employer. \_\_\_\_\_
  - b. If you are not currently employed, state the date of your last employment and the amount of salary or wages received. \_\_\_\_\_
2. Have you received within the past twelve months any money from any of the following sources?
  - a. Business, profession or self-employment? Yes ( ) No (☒)
  - b. Rent payments, interest or dividends? Yes ( ) No (☒)
  - c. Pensions, annuities or life insurance? Yes ( ) No (☒)
  - d. Gifts or inheritances? Yes (☒) No ( )
  - e. Any other source? Yes ( ) No (☒)

If you answered yes to any of the above, describe each source and state the amount received from each. In the past 6 months I have received \$700 from my family to obtain living necessities in the prison, such as clothes, radio, cosmetics, shoes, etc.

3. Do you own any cash, or do you have money in a checking or savings account? (Include funds in prison account.)  
Yes ( ) No ( ) If the answer is yes, state the total value of items owned.

Prison trust fund account \$ 335.45

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furniture and clothing?

Yes ( ) No ☒ If the answer is yes, describe the property and state its approximate value.

---



---



---

5. List the persons who are dependent upon you for support, state your relationship to each person, and indicate how much you contribute toward their support.

N/A

---



---



---

### **AUTHORIZATION FOR ACCOUNT WITHDRAWAL**

I hereby authorize my custodian and his/her designee to withdraw funds from my inmate account and to transmit the same to the Clerk, United States District Court to be applied to the filing fee which I am required to pay in connection with this case. This authorization shall apply to any institution in which I am or may be confined.

Executed this 26 day of June, 2006.

  
Signature of Plaintiff/Petitioner

**PLAINTIFF/PETITIONER IS REQUIRED TO SUBMIT WITH THIS AFFIDAVIT AND AUTHORIZATION A CERTIFIED COPY OF HIS/HER INMATE ACCOUNT STATEMENT FOR THE SIX MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THIS COMPLAINT.**

### **CERTIFICATE**

I hereby certify that the plaintiff/petitioner herein has a current balance of \$315.45 in his/her inmate account at the USP Hazelton Institution. Plaintiff has an average monthly balance for the preceding six months of \$      , and the average monthly deposits to said account for the preceding six months are \$      . I further certify that plaintiff has the following assets to his/her credit according to the records of this institution:

Inmate Arnold has been here for 23 months only

6-26-06  
Date

  
Authorized Officer of Institution


P. Marro  
Counselor CI

**Inmate Inquiry**

**Inmate Reg #:** 18737038      **Current Institution:** Hazelton USP  
**Inmate Name:** ARNOLD, ROBERT      **Housing Unit:** C  
**Report Date:** 06/27/2006      **Living Quarters:** C02-206U  
**Report Time:** 1:02:08 PM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

**General Information**

**Administrative Hold Indicator:** No  
**No Power of Attorney:** No  
**Never Waive NSF Fee:** No  
**Max Allowed Deduction %:** 100  
**PIN:** 7059  
**PAC #:**  
**FRP Participation Status:** Unassigned  
**Arrived From:** OKL  
**Transferred To:**  
**Account Creation Date:** 4/14/2006  
**Local Account Activation Date:** 6/7/2006 7:32:52 AM  
**Sort Codes:**   
**Last Account Update:** 6/26/2006 7:25:25 PM  
**Account Status:** Active  
**Phone Balance:** \$16.75

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
---------------	-----------------	---------------

**Account Balances**

Account Balance:	\$315.45
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
<b>Available Balance:</b>	<b>\$315.45</b>
<b>National 6 Months Deposits:</b>	<b>\$700.00</b>
<b>National 6 Months Withdrawals:</b>	<b>\$384.55</b>
National 6 Months Avg Daily Balance:	\$92.00
Local Max. Balance - Prev. 30 Days:	\$481.75
Average Balance - Prev. 30 Days:	\$231.58



**UNITED STATES COURT OF APPEALS  
FOR THE FIRST CIRCUIT**

---

No. 06-1550  
DC No. 05-cr-10018

UNITED STATES,  
Appellee,

v.

ROBERT ARNOLD,  
Defendant, Appellant.

ORDER OF COURT  
Entered: June 16, 2006  
Pursuant to 1<sup>st</sup> Cir. R. 27(d)

This court has docketed appellant's appeal from the criminal judgment. On March 31, 2006, this court directed the appellant to either pay the fees of \$255.00 or to apply for in forma pauperis in the district court. Appellant is in default as to this order.

Appellant's retained counsel is directed to Local Rule 12(b) providing that, "[A]n attorney who has represented a defendant in a criminal case in the district court will be responsible for representing the defendant on appeal, ... until the attorney is relieved of such duty by the Court [of Appeals]."

Should the appellant wish to proceed on appeal in forma pauperis, counsel is directed to provide the appellant with the proper forms for requesting in forma pauperis status in the district court and to aid in the filing of the motion to proceed on appeal in forma pauperis, a compliant Form 4 (financial affidavit), and prison trust account information before the district court. If the request is denied in the district court, the appellant may file a motion in this court for in forma pauperis status. See Fed.R.App.P. 24. Once the appellant is granted in forma pauperis status, a request then may be made for appointment of counsel under the Criminal Justice Act.

Counsel or the appellant is directed to respond to this order, in writing, on or before, June 30, 2006, as to the steps he has taken regarding the above matter or this appeal may be dismissed for lack of prosecution pursuant to Local Rule 3(b).

By the Court:

Richard Cushing Donovan, Clerk

**MARGARET CARTER**

By: \_\_\_\_\_  
Chief Deputy Clerk

Robert Arnold  
FILED  
Fed. Reg. #48737-038  
CLERK'S OFFICE  
P.O. Box 2000  
2006 JUL 3 3:41 PM  
Brunswick, ME 04005 Va.

26525  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

Hon. Clerk Richard C. Donovan  
Clerk of the Court  
United States Court of Appeals  
for the First Circuit  
Joseph Moakley Courthouse  
One Court House Way, Suite 2500  
Boston, Massachusetts, 02110

RE: Appeal No. 06-1550  
DC No. 05-CR-10018

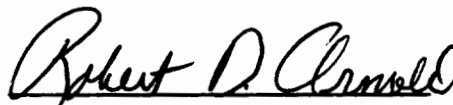
Dear Sir;

As per your direction, on June 26, 2006 I mailed to the Clerk of the District Court an application to proceed on appeal in forma pauperis, a financial affidavit and prison trust fund account information.

As of this date I have never received any correspondence from my attorney who has yet to be relieved of counsel. Please note for the records that I have served such papers on the district court.

Thank you for your time and assistance.

Sincerely,



Robert Arnold  
Defendant, Appellant